meeting of the Dublin Pathological Society, held on the 14th instant. The patient had been attended by his late assistant, Doctor Thwaites, and pupils of the hospital, and the facts of her case were accurately noted, so that deception was impossible. The specimen produced, Dr. Kennedy stated to be the multiparient conception of a female, who aborted when, as she stated, she was three months gone with child. The case was one in which there appeared to be three distinct ova; two of these were twins, the third was single, so that five fœtuses co-existed in utero. On examining the preparation, Dr. Kennedy remarked, that, closely viewed, it would be found that those on each side differed from the centre one. Each of the former possessed a common placenta, and membranes common to both, with an intervening septum; but the central one is distinct and perfect in itself, having its own placenta and membranes. Some persons have been disposed to question the occurrence of these multiparous births; and indeed it must be acknowledged that the popular opinions, and even recorded cases, on the subject, are sufficiently extravagant; as for instance, the Countess of Hannenberg's case, in which it was stated that 365 children were produced at a birth. But without taxing our credulity in these cases too far, we have undoubtedly a few well-authenticated instances on record, in which women have given birth to five children at a time. One of these, that of Guiseppa Califani, occurred lately at Naples; and we have the details of another, which took place in Franklin county, in America, about twelve years ago, recorded by Doctor Paddock. There is also said to be a similar preparation in the British Museum. It is extremely curious and interesting, as connected with the history of multiparous births, that in this respect Ireland preponderates over all other nations, and that the Irish females are unequalled in the ratio of their fecundity. The proportion of twin cases in Dublin, is one in sixty; in America (where, it is to be recollected, there is a large number of Irish emigrants) the proportion is one in seventy-five; in London it is one in ninety-one; while in France, "*longo intervallo;*" it is one in 140. In proof of the rarity of five twin-children, Doctor Kennedy further remarked, that out of 140,000 cases recorded in the Lying-in-Hospital of Dublin, there is no instance of five children at a birth. There is one case of four, but none of five. It is a curious fact, that in the American case the mother was an Irish woman, and had recently arrived in America. It may, perhaps, be considered equally curious that in the case detailed by Doctor Kennedy the father was a man of small stature, ætat. about thirty, without any remarkable personal development, and by trade a *tailor*. The woman, the subject of the present memoir, whose name is Sarah Hickey, is twenty-eight years of age. She was married about two years ago, and within nine months after brought forth her first child. This conception was uniparient. After the lapse of six months she again conceived of the fœtuses alluded to; and observed that during the pregnancy she increased very rapidly in size, and suffered constantly from bearing down, which rendered walking or standing almost impossible. She had constant sickness of stomach—a symptom generally looked on as an evidence of compound pregnancy. As to the abortion, it would appear to have been produced by inordinate distension of the uterus for its period, which in its turn, led to parturient efforts, as the ova presented no morbid appearance. The fœtuses, which are all males, do not appear to exceed the development usually observed about the second month; and as Hickey menstruated on the 24th of May, and miscarried on the 26th of August, it is more than probable she over calculated the duration of her pregnancy. This preparation is in Dr. Kennedy's museum, in the Dublin Lying-in-Hospital.—*Dublin Journal Med. Sc.* Jan. 1840.

PATHOLOGICAL ANATOMY AND GENERAL PATHOLOGY.

11. *Remarkable Case of Ischuria Renalis, of Nine years' Standing, with Vicarious Vomiting of Urine.* By F. L. Kreysig, M. D., of Dresden.—S. B. ætat. 25, six years after the commencement of menstruation, began to complain of

abdominal pain, general spasm, and difficulty in voiding urine and fæces, succeeded by orthopnœa, and symptoms of thoracic and abdominal inflammation, which were treated antiphlogistically. The bladder required the frequent use of the catheter. The patient suffered pain in the right knee, and was obliged to keep it drawn upwards towards the abdomen. Two years after, the legs began to swell, respiration became still more difficult, the urinary secretion *ceased*, and the patient vomited a fluid containing, according to chemical analysis, the principles of urine.

M. Kreysig now detected, in the right iliac region and near the spine, a tumour extending towards the liver, exquisitely painful to the slightest touch, and which the patient had noticed for four years. The bowels were invariably costive; and twice a day (five, A. M., and six, P. M.) urinous vomitings occurred, preceded by dyspnœa, so urgent as twice to require v. s. No urine was found in the bladder. Tepid baths, and mercurial and stimulating liniments to the region of the kidney, were recommended. During the time the patient was in the baths, the skin exhaled a very fœtid odour. The tumour gradually enlarged, and grew softer.

The patient now returned home, and four months after (January 24, 1835,) informed M. Kreysig that the tumour had daily increased, become harder and more painful, and pointed in the epigastric region. Fluctuation was now evident, and in three weeks the abscess broke, during a violent spasm, discharging a large quantity of pus, which was soon after succeeded by an increase of suffering. In about six weeks, the urinous vomitings ceased, and urine was voided by the bladder. Shortly afterwards, the pain being then more than usually intense, with an urgent desire to evacuate the bowels, the patient expelled, per anum, a mass about as large as a goose's egg, resembling fat mixed with pus, and intolerably fœtid. From this period, all abdominal swelling and pain ceased, and menstruation returned. In about three-quarters of a year, the health was entirely restored, not one of the former symptoms remaining. *B. and F. Med. Rev.* from *Hufeland's Journal,* July, 1839.

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12. *On the Causes of Scrofulous disease.*—M. Lugol is of opinion that accidental causes have no necessary effect, and that there is at least reason to doubt whether they are of themselves alone sufficient to give rise to a scrofulous affection. Inheritance, on the contrary, is the most evident and the most common cause, and that which we are obliged to acknowledge in the great majority of cases.

M. Lugol regards the existence of scrofula in a child, as the certain sign of the family temperament, in consequence of which all the other children have the same original predisposition to the disease. If one examines what takes place in families, in which this temperament is indicated by the sign just mentioned, it is found that they are subject to great mortality: scarcely a fourth of the children attain the age of puberty, and it is not rare for very large families to be swept away at an age even much less advanced. Scrofula, in fact, presents itself as the most active source of destruction to the human race: there is no other malady whose victims are so numerous and so young.

After showing the essential characters of hereditary transmission, those which mark it, and it alone, M. Lugol passes to his inquiries on the causes of this transmission, in considering what is the state of health of parents who produce scrofulous children. He divides the facts that relate to this question into two orders; one relating to the original state of health; the other to the acquired state of health of the patients.

After having treated of scrofula in subjects born of scrofulous parents, and in those who are born of phthisical parents, he goes on to show that parents whose youth has been marked by scrofula, but who, at the present time enjoy very good health, often produce scrofulous children. He shows also that parents who do not themselves appear scrofulous, but who have brothers and sisters that are so, have often a scrofulous offspring.

M. L. has also seen that parents may never present any symptoms of scrofula